

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

INSTRUCTIONS FOR DENTAL APPLICATION INITIAL LICENSURE

- ☐ **Proof of Graduation** - Original transcript with school seal or original letter from Dean's office indicating date of issuance of diploma must be included with application. **PHOTOCOPY NOT ACCEPTED.**
- ☐ **National Board Certification Part I & Part II** - Submit either a photocopy of certificate **or** original National Board Card issued by ADA.
- ☐ **Proof of Regional or State Board Examination** - Proof of other regional or state examinations must be attached to the application. NERB exam scores are sent to the Board monthly, therefore a copy of NERB certificate is not necessary.
- ☐ **Physician's Statement** - Examination must have been completed within 6 months of application.
- ☐ **Photograph** - Attach passport size photo to first page of application where indicated.
- ☐ **Application and License Fee** - \$440.00 (\$200 application fee + \$240 license fee) must accompany application. Check or money order must be made payable to the Commonwealth of Massachusetts. Cash is not accepted. All fees are non-refundable.
- ☐ **Ethics and Jurisprudence Exam** – The ethics and jurisprudence exam is an open book test designed to ensure knowledge of the Laws and Regulations of the state. The exam itself can be obtained by calling our office at (617) 973-0971 and one will be sent free of charge.

The exam is based on (1) Massachusetts' general laws pertaining to Dentists and Dental Hygienists and (2) Board of Registration in Dentistry Regulations 234 CMR of the Commonwealth of Massachusetts. Both documents are necessary to take the exam and are available from the State House Bookstore (Room 116), Boston, MA 02133. For the documents, fees, and/or mailing instructions contact the bookstore at (617) 727-2834. The Dental Laws and Regulations may also be obtained from our website www.mass.gov/dph/boards then follow directions to Board site and links.

- ☐ **Recommendations of Good Moral Character** - Provide signatures from 2 dentists familiar with the character and quality of work of the applicant. Immediate family members or close relatives of the applicant do not qualify.

The following only applies to those applicants who hold or held license(s) in another state(s) or jurisdiction(s):

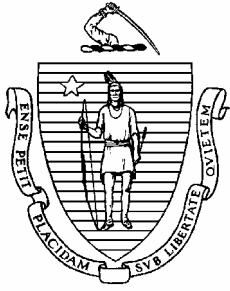
- ☐ **Letters of Standing** – Verification of Licensure must be included in the application from each state(s) or jurisdiction(s) in which you hold or held a license. Verification of licensure must include the current status of the license, license number and any disciplinary action taken or is pending and include the official seal of the state Board
- ☐ **Practice History** - If you have ever been in dental practice in another jurisdiction or state, include a resume or practice history, including employer's contact information and dates of employment.
- ☐ **Data Bank Self-Query** - To obtain a self-query please contact the National Practitioner Data Bank at 1-800-767-6732 or contact their website at www.npdb.com. Only an original report form from NPDB will be accepted for application.

To expedite the licensing process please send a complete application and all required documents to the Board:

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Incomplete applications will delay licensure processing.

**PLEASE BE SURE TO RETAIN A COPY OF ALL APPLICATION
SUBMISSIONS FOR YOUR RECORDS**



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HOW TO OBTAIN PRESCRIPTION WRITING PRIVILEGES

A Massachusetts Controlled Substance Registration is required before a Federal (DEA) Controlled Substance Registration can be issued.

Application for Massachusetts Controlled Substance Registration may be obtained from:

Department of Public Health
Division of Food and Drugs
305 South Street, 2nd floor
Jamaica Plain, MA 02130
PHONE: (617) 983-6700
FAX: (617) 524-8062
Email: dcp.dph@state.ma.us

Application for Federal (DEA) Controlled Substance Registration may be obtained from:

U.S. Dept. of Justice
Drug Enforcement Agency
50 Staniford Street, Suite 200
Boston, MA 02114
(617) 557-2100

GENERAL INFORMATION

RADIATION CONTROL

MGL Ch. 119 s. 51A requires that each person that intends to acquire a source ionizing radiation, such as a machine, shall apply to the Department of Public Health, Radiation Control Program to register such facility. Application may be obtained from Radiation Control Program, P.O. Box 309, Essex Station, Boston, MA 02112 (617) 727-6214.

REPORTING SUSPECTED CHILD ABUSE

MGL Ch. 119 s. 51A requires dentists to immediately make a report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering serious physical or emotional injury as a result of abuse or neglect by a caretaker including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. CHILD AT RISK HOTLINE NUMBER 1-800-792-5200.

CORPORATIONS

To form a corporation for a dental practice, please contact the Secretary of State's office (617) 727-2828 to request form "Certificate by Regulatory Board." Submit a completed form (by mail or in person) and fee to our office for processing. A check or money order payable to the Commonwealth of Massachusetts for \$20 per dentist listed is required.

ADDRESS OF RECORD

Please note that the address you choose as address of record is public information on the Board of Registration in Dentistry database.

CHANGE OF ADDRESS OR NAME CHANGE

To assure current information on our licensure database for renewal purposes, notify the Board in writing WITHIN 30 days of address or name change.

POSTING LICENSES

All supervising dentists are responsible for assuring all licensed dentists and dental hygienists in his/her employ hold a current valid license. Proof of such must be posted in plain view of patients per Chapter 13, General Laws Section 45. Employers may verify licensure status of employees on the Board's website www.mass.gov/dph/boards then follow directions to board site and links.

INFECTION CONTROL

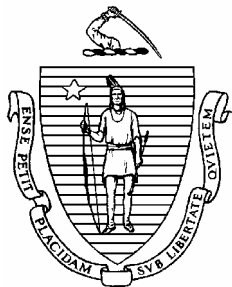
On September 22, 1993 the Board voted to adopt the Center for Disease Control's Infection Control Procedures as published in 1993 and including future amendments as the minimum standards for Massachusetts dental practice. Each office is obligated to follow these procedures. The C.D.C Guidelines may be obtained from: Center for Disease Control, Division of Oral Health, by email: oral health @cdc.gov or telephone (770) 488-6054 or FAX (770) 488-6080

RECORDS REQUEST

Massachusetts General Laws Chapter 112, section 12 CC and Board Regulation 234 CMR 2.04 (17) requires dental practitioners to provide, in a timely fashion, a copy (not the originals) of patient records including radiographs of diagnostic quality. Although a reasonable fee for duplication may be charged, you may not require prior payment of any outstanding balance as a condition for making records available. You may not require a patient to sign any form indicating your release from any professional responsibility. A patient or patient's legal representative may request his or her records. You may ask the patient to put his or her request in writing.

RECORDS OF TREATMENT

The Board has noticed in its review of patient complaints that many patient records are lacking basic information, such as general periodontal condition, updated periodontal charting, type and quantity of local anesthesia, type and timed duration of general anesthesia, and referrals to other practitioners. You are urged to protect your patients and yourself by keeping informative, accurate records including the aforementioned. If the patient refuses to accept any of your recommendations or does not follow through with your advice, this fact should be documented. The Board considers patient records as vital information in determining what transpired during treatment.



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee : _____
Juris Prudence: Pass _____ Fail _____
Score: _____
Exec. Dir. _____

Please attach recent
passport size
Photograph here.

2 X 2

Signature required

Dental Application
Initial Licensure

Applicant Name: _____
(Last) (First) (Middle)

Maiden Name/Other Name: _____

Address of Record: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Most Recent Previous Address: _____

Business Address: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Date of Birth: _____ Place of Birth: _____ Mother's Maiden Name: _____

Sex: Female ☐ Male ☐ Height _____ (Ft.) _____ (In) Weight: _____ Eye Color: _____

Telephone Number: Day: _____ Cell: _____

SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to MG.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

Graduate of: _____
Name of Institution _____ Location _____

Date Diploma or Certificate Conferred Year _____ Degree _____ **An Original Transcript or Original Letter from the Dean's office must be attached.**

National Board Certification Part I: Date(s) Completed _____ Score(s) _____

National Board Certification Part II: Date(s) Completed _____ Score(s) _____

Regional or State Board Examination (a copy of certificate or scores must be attached to this application):

Name _____ Date of Exam _____ Score: _____

List registrations in all other states or jurisdiction with issue date and current status:

<u>State</u>	<u>License Number</u>	<u>Issue Date</u>	<u>Current Status</u>

Has a licensing board in another state or jurisdiction taken any disciplinary action against you? Yes ☐ No ☐
If yes, please state the details on a separate sheet.

Are you the subject of any pending disciplinary actions or complaints by a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

Have you ever applied for and been denied a professional license in another state or jurisdiction? Yes ☐ No ☐
If yes, please state the details on a separate sheet.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes ☐ No ☐
If yes, please state the details on a separate sheet.

Verification of licensure must be submitted with this application from each state(s) or jurisdiction(s) in which you hold or held a license. Verification of licensure must include the current status of the license, license number and any disciplinary action taken or is pending and include the official seal of the state Board.

Recommendations of Good Moral Character:

We, the undersigned registered dentists, are personally acquainted with _____, the applicant named in the application, and recommend him/her as a person of good moral character.

1. Printed Name _____

Address _____

Signature _____

2. Printed Name _____

Address _____

Signature _____

I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for

the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that,(a) pursuant to MGL c. 62C, § 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to MGL c. 119, §51A, I understand my obligation to report the abuse and neglect of children.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRNG). As an applicant for authorization to practice as a Dentist, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

Signature of applicant

Date

WALL CERTIFICATE:

Please print name as you wish it to appear on your wall certificate:

First

Middle

Last

Please print the address that you would like your certificate mailed to:

Street Address

City, State, Zip Code